



Athinoula A.
**Martinus
Center**
For Biomedical Imaging

Acknowledgement of Risks Associated with MRI and Tattoos

By signing this form, I acknowledge that I have been informed, and I understand that there is an increased risk associated with MRI and tattoos. Specifically, during MRI people with tattoos may experience warming, irritation, and/or burning at site(s) of any tattoo(s) and this increased risk applies to traditional as well as micropigmented tattoos, also known as permanent and semi-permanent makeup tattoos. I acknowledge that I have a tattoo(s), understand that I am at risk for these complications, and willingly agree to participate in MRI for the purpose of research.

Subject's Name _____

Subject's Signature _____ Date _____

I have reminded the participant of the risks and he/she/they understand the risks involved and agreed to proceed with the MRI scan.

Certified Study Staff Name _____

Certified Study Staff Signature _____ Date _____

Created on 12/21/2021- Reviewed by GA

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